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Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

APR 21 PM 2:11

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Harmon for Columbus City Council						Registration Number, if PAC				
Full Name of Candidate Phillip L. Harmon										
Street Address 5312 Longrifle Rd.				Office Sought City Council		District Columbus				
City Westerville				State O H		Zip Code 43081				
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year
	<input type="checkbox"/>	July	<input type="checkbox"/>	August	<input type="checkbox"/>	September	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M 0	D 5	D 0	Y 3	Y 0

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 0.00
2. Total monetary contributions (From Form No. 31-A)	\$ 8,262.00 ✓
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 8,262.00 ✓
5. Total monetary expenditures (From Form No. 31-B)	\$ 2,614.89 ✓
6. Balance on hand (line 4 minus line 5)	\$ 5,647.11 ✓
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Howard W. Amos, Treas.

Howard W. Amos

April 20 2005

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages <u>9</u>

Expenditure pages <u>2</u>

Other pages <u>15</u>

Total pages <u>26</u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Harmon for Columbus City Council									
Full Name of Contributor Phil Harmon						Registration Number, if PAC			
Street Address 5312 Longrifle Rd.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check		
City Westerville	State O	H H	Zip Code 43081	M 0	D 2	Y 2	Amount 45.00		
Full Name of Contributor Phil Harmon						Registration Number, if PAC			
Street Address 5312 Longrifle Rd.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Cash		
City Westerville	State O	H H	Zip Code 43081	M 0	D 3	Y 1	Amount 500.00		
Full Name of Contributor Phil Harmon						Registration Number, if PAC			
Street Address 5312 Longrifle Rd.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Credit Card		
City Westerville	State O	H H	Zip Code 43081	M 0	D 3	Y 1	Amount 67.00		
Full Name of Contributor Phil Harmon						Registration Number, if PAC			
Street Address 5312 Longrifle Rd.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check		
City Westerville	State O	H H	Zip Code 43081	M 0	D 3	Y 2	Amount 500.00		
Full Name of Contributor Kay & Keith Osborne						Registration Number, if PAC			
Street Address 6357 Sharon Woods Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43229	M 0	D 3	Y 2	Amount 200.00		
Full Name of Contributor Pat Byrne						Registration Number, if PAC			
Street Address 829 Oxley Rd.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43212	M 0	D 3	Y 2	Amount 500.00		
Full Name of Contributor John Delfino						Registration Number, if PAC			
Street Address 2774 E. Livingston Ave.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43209	M 0	D 3	Y 2	Amount 500.00		
Full Name of Contributor Phil Harmon						Registration Number, if PAC			
Street Address 5312 Longrifle Rd.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Credit Card		
City Westerville	State O	H H	Zip Code 43081	M 0	D 3	Y 2	Amount 300.00		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,612.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Harmon for Columbus City Council													
Full Name of Contributor Ron Jones						Registration Number, if PAC							
Street Address 5286 Riverside Dr.			Employer/Occupation/Labor Organization* Coin-Op Vending				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43220		M 0 3		D 3 0		Y 0 5		Amount 250.00	
Full Name of Contributor Beverly Bowles						Registration Number, if PAC							
Street Address 561 Elizabeth Ave.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43213		M 0 4		D 0 6		Y 0 5		Amount 100.00	
Full Name of Contributor Kari Hansley						Registration Number, if PAC							
Street Address 6988 St. Ninnians St.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check						
City Lewis Center		State O H		Zip Code 43035		M 0 4		D 0 6		Y 0 5		Amount 250.00	
Full Name of Contributor Ron Polster						Registration Number, if PAC							
Street Address 300 Revere Rd.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43213		M 0 4		D 0 6		Y 0 5		Amount 50.00	
Full Name of Contributor Frank Demos						Registration Number, if PAC							
Street Address 7370 Sawmill Rd.			Employer/Occupation/Labor Organization* Dentist				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43235		M 0 4		D 0 7		Y 0 5		Amount 100.00	
Full Name of Contributor Terry O'Brien						Registration Number, if PAC							
Street Address 1445 Fishinger Rd.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check						
City Upper Arlington		State O H		Zip Code 43221		M 0 4		D 0 7		Y 0 5		Amount 50.00	
Full Name of Contributor Ron & Janie Smith						Registration Number, if PAC							
Street Address 5285 Elder Rd.			Employer/Occupation/Labor Organization* Businessman				Form (Cash, Check, etc.) Check						
City Canal Winchester		State O H		Zip Code 43110		M 0 4		D 0 7		Y 0 5		Amount 100.00	
Full Name of Contributor Jane Byrne						Registration Number, if PAC							
Street Address 1400 S. Joyce St., Apt. 619			Employer/Occupation/Labor Organization* American Engineering Society				Form (Cash, Check, etc.) Check						
City Arlington		State V A		Zip Code 22202		M 0 4		D 0 8		Y 0 5		Amount 40.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 940.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Harmon for Columbus City Council							
Full Name of Contributor Russell & Yun Cha Gorsuch						Registration Number, if PAC	
Street Address 5635 Harlem Rd.			Employer/Occupation/Labor Organization* Retired Businessman			Form (Cash, Check, etc.) Check	
City New Albany		State O H	Zip Code 43054	M 0 4	D 0 8	Y 0 5	Amount 250.00
Full Name of Contributor Patsy Harmon						Registration Number, if PAC	
Street Address 1862 Fishinger Road			Employer/Occupation/Labor Organization* Retired Homemaker			Form (Cash, Check, etc.) Check	
City Upper Arlington		State O H	Zip Code 43220	M 0 4	D 0 8	Y 0 5	Amount 50.00
Full Name of Contributor Joe & Barbara Powell						Registration Number, if PAC	
Street Address 6664 Miller Paul Rd.			Employer/Occupation/Labor Organization* Honda			Form (Cash, Check, etc.) Check	
City Westerville		State O H	Zip Code 43082	M 0 4	D 0 8	Y 0 5	Amount 100.00
Full Name of Contributor Violet Bratton						Registration Number, if PAC	
Street Address 8384 Orchard Knoll Ln.			Employer/Occupation/Labor Organization* Bar Owner			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43235	M 0 4	D 0 9	Y 0 5	Amount 100.00
Full Name of Contributor Sung Harmon						Registration Number, if PAC	
Street Address 5312 Longrifle Road			Employer/Occupation/Labor Organization* Nordstrom			Form (Cash, Check, etc.) Check	
City Westerville		State O H	Zip Code 43081	M 0 4	D 0 9	Y 0 5	Amount 250.00
Full Name of Contributor Pat French						Registration Number, if PAC	
Street Address 2105 Tamarin Drive			Employer/Occupation/Labor Organization* Fed-Express			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43235	M 0 4	D 1 0	Y 0 5	Amount 50.00
Full Name of Contributor Matt & Kimi Tomkinson						Registration Number, if PAC	
Street Address 5191 Eaglesnest Ct.			Employer/Occupation/Labor Organization* Bar Owner			Form (Cash, Check, etc.) Check	
City Westerville		State O H	Zip Code 43081	M 0 4	D 1 0	Y 0 5	Amount 100.00
Full Name of Contributor John & Sharon Gaus						Registration Number, if PAC	
Street Address 8585 Renford Ct.			Employer/Occupation/Labor Organization* Bar Owner			Form (Cash, Check, etc.) Check	
City Powell		State O H	Zip Code 43065	M 0 4	D 1 1	Y 0 5	Amount 100.00

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Page Total \$ 1,000.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Harmon for Columbus City Council									
Full Name of Contributor Randy & Louise Fleming						Registration Number, if PAC			
Street Address 57 Valley Run Drive			Employer/Occupation/Labor Organization* Northwestern Mutual Life Ins. Co.				Form (Cash, Check, etc.) Check		
City Powell	State O	H H	Zip Code 43065	M 0	D 4	Y 1	2	0	5 5
						Amount 50.00			
Full Name of Contributor Ron Stone						Registration Number, if PAC			
Street Address 1406 Studer Ave.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43206	M 0	D 4	Y 1	2	0	5 5
						Amount 100.00			
Full Name of Contributor Brenda Belisle						Registration Number, if PAC			
Street Address 1126 Rockport Lane			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43235	M 0	D 4	Y 1	3	0	5 5
						Amount 100.00			
Full Name of Contributor Linda Dachtyl						Registration Number, if PAC			
Street Address 4845 Ridgerun Dr.			Employer/Occupation/Labor Organization* Musician				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43229	M 0	D 4	Y 1	3	0	5 5
						Amount 50.00			
Full Name of Contributor Maurice McCoy						Registration Number, if PAC			
Street Address 5773 N. Meadows Blvd.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43229	M 0	D 4	Y 1	3	0	5 5
						Amount 100.00			
Full Name of Contributor Nancy Pisano						Registration Number, if PAC			
Street Address 159 Cherokee Drive			Employer/Occupation/Labor Organization* Brewstirs				Form (Cash, Check, etc.) Check		
City Westerville	State O	H H	Zip Code 43081	M 0	D 4	Y 1	3	0	5 5
						Amount 50.00			
Full Name of Contributor Jimmy Ryan						Registration Number, if PAC			
Street Address 34 Medbrook Way			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Cash		
City Columbus	State O	H H	Zip Code 43214	M 0	D 4	Y 1	3	0	5 5
						Amount 50.00			
Full Name of Contributor Phil Harmon						Registration Number, if PAC			
Street Address 5312 Longrifle Rd.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Cash		
City Westerville	State O	H H	Zip Code 43081	M 0	D 4	Y 1	4	0	5 5
						Amount 145.00			

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Page Total \$ **645.00**

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Harmon for Columbus City Council												
Full Name of Contributor Dick Allen						Registration Number, if PAC						
Street Address 2774 Clifton Rd.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Cash					
City New Albany		State O H		Zip Code 43054		M 0 4		D 1 4		Y 0 5		Amount 50.00
Full Name of Contributor Bryan Bailey						Registration Number, if PAC						
Street Address 2395 Findley Ave.			Employer/Occupation/Labor Organization* CompUSA				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43202		M 0 4		D 1 4		Y 0 5		Amount 50.00
Full Name of Contributor Robert Basbagill						Registration Number, if PAC						
Street Address 4987 Fullerton Dr.			Employer/Occupation/Labor Organization* Pres., Cols. Shamrock Club				Form (Cash, Check, etc.) Check					
City Madison Twp.		State O H		Zip Code 43232		M 0 4		D 1 4		Y 0 5		Amount 50.00
Full Name of Contributor Beverly Bowles						Registration Number, if PAC						
Street Address 561 Elizabeth Ave.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43213		M 0 4		D 1 4		Y 0 5		Amount 150.00
Full Name of Contributor Judy & Roger Browning						Registration Number, if PAC						
Street Address 6645 Ambleside Dr.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Cash					
City Columbus		State O H		Zip Code 43229		M 0 4		D 1 4		Y 0 5		Amount 100.00
Full Name of Contributor Tim Cashin						Registration Number, if PAC						
Street Address 1312 S. High Street			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Cash					
City Columbus		State O H		Zip Code 43206		M 0 4		D 1 4		Y 0 5		Amount 60.00
Full Name of Contributor Robert Cesner						Registration Number, if PAC						
Street Address 456 Haymore Ave. N.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check					
City Worthington		State O H		Zip Code 43085		M 0 4		D 1 4		Y 0 5		Amount 100.00
Full Name of Contributor Frank Commendatore						Registration Number, if PAC						
Street Address 7426 Sawmill Rd.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Cash					
City Columbus		State O H		Zip Code 43235		M 0 4		D 1 4		Y 0 5		Amount 50.00

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Page Total \$ 610.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Harmon for Columbus City Council							
Full Name of Contributor Kyle Gallagher						Registration Number, if PAC	
Street Address 7755 Sharlene Dr.			Employer/Occupation/Labor Organization* Gary's Place			Form (Cash, Check, etc.) Cash	
City Dublin			State O H		Zip Code 43016		Amount 50.00
Full Name of Contributor Larry Harmon						Registration Number, if PAC	
Street Address 5742 Middlefield Drive			Employer/Occupation/Labor Organization* Wholesale Auto House			Form (Cash, Check, etc.) Check	
City Columbus			State O H		Zip Code 43235		Amount 100.00
Full Name of Contributor Bill Harrison						Registration Number, if PAC	
Street Address 2497 Merbrook Road			Employer/Occupation/Labor Organization* Retired Businessman			Form (Cash, Check, etc.) Cash	
City Columbus			State O H		Zip Code 43235		Amount 50.00
Full Name of Contributor Jose Hatlestad						Registration Number, if PAC	
Street Address 209 Walhalla Rd.			Employer/Occupation/Labor Organization* Bar Owner			Form (Cash, Check, etc.) Cash	
City Columbus			State O H		Zip Code 43202		Amount 50.00
Full Name of Contributor Robert Keeley						Registration Number, if PAC	
Street Address 2460 Southway Drive			Employer/Occupation/Labor Organization* Retired Businessman			Form (Cash, Check, etc.) Cash	
City Columbus			State O H		Zip Code 43221		Amount 50.00
Full Name of Contributor Don Keisey						Registration Number, if PAC	
Street Address 651 Mallard Crossing Way			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Columbus			State O H		Zip Code 43215		Amount 20.00
Full Name of Contributor Scott & Susanne Kondracke						Registration Number, if PAC	
Street Address 31 Bullitt Park Place			Employer/Occupation/Labor Organization* Advest, Inc.			Form (Cash, Check, etc.) Check	
City Columbus			State O H		Zip Code 43209		Amount 200.00
Full Name of Contributor Michael Mahony						Registration Number, if PAC	
Street Address 7042 Lake Trail Dr.			Employer/Occupation/Labor Organization* Accountant			Form (Cash, Check, etc.) Cash	
City Westerville			State O H		Zip Code 43081		Amount 100.00

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Page Total \$ 620.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Harmon for Columbus City Council									
Full Name of Contributor Duane McCoy						Registration Number, if PAC			
Street Address 7275 Old Creek Lane			Employer/Occupation/Labor Organization* Coin-Op Vending				Form (Cash, Check, etc.) Check		
City Canal Winchester		State O H	Zip Code 43110		M 0	D 4	Y 1	Amount 50.00	
Full Name of Contributor Harry Meek						Registration Number, if PAC			
Street Address 1297 Doten Ave.			Employer/Occupation/Labor Organization* Cash				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43212		M 0	D 4	Y 1	Amount 50.00	
Full Name of Contributor Doug Mitrovich						Registration Number, if PAC			
Street Address 2494 Billingsley Rd.			Employer/Occupation/Labor Organization* Computer Consultant				Form (Cash, Check, etc.) Cash		
City Columbus		State O H	Zip Code 43235		M 0	D 4	Y 1	Amount 20.00	
Full Name of Contributor Bob Mogavero						Registration Number, if PAC			
Street Address 744 Mulberry Dr.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43235		M 0	D 4	Y 1	Amount 100.00	
Full Name of Contributor Kay & Keith Osborne						Registration Number, if PAC			
Street Address 6357 Sharon Woods Blvd.			Employer/Occupation/Labor Organization* Check				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43229		M 0	D 4	Y 1	Amount 200.00	
Full Name of Contributor Tim & Connie Rucker						Registration Number, if PAC			
Street Address 1133 Nautilus Place			Employer/Occupation/Labor Organization* Verizon				Form (Cash, Check, etc.) Check		
City Westerville		State O H	Zip Code 43082		M 0	D 4	Y 1	Amount 100.00	
Full Name of Contributor Serena Serra						Registration Number, if PAC			
Street Address 2266 Lila Way			Employer/Occupation/Labor Organization* Cash				Form (Cash, Check, etc.) Cash		
City Columbus		State O H	Zip Code 43235		M 0	D 4	Y 1	Amount 10.00	
Full Name of Contributor Serena Serra						Registration Number, if PAC			
Street Address 2266 Lila Way			Employer/Occupation/Labor Organization* Check				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43235		M 0	D 4	Y 1	Amount 10.00	

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Page Total \$ **540.00**

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Harmon for Columbus City Council												
Full Name of Contributor Dave Shaw						Registration Number, if PAC						
Street Address 960 Bernard Rd.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43221		M 0		D 4		Y 1 4 0 5		Amount 50.00
Full Name of Contributor Doug & Lee Smith						Registration Number, if PAC						
Street Address 273 Eastchester Ct.			Employer/Occupation/Labor Organization* DSCC				Form (Cash, Check, etc.) Check					
City Gahanna		State O H		Zip Code 43230		M 0		D 4		Y 1 4 0 5		Amount 100.00
Full Name of Contributor Joe Sommer						Registration Number, if PAC						
Street Address 5672 Great Hall Ct.			Employer/Occupation/Labor Organization* Bureau of Workers' Compensation				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43231		M 0		D 4		Y 1 4 0 5		Amount 50.00
Full Name of Contributor Mike Tanner						Registration Number, if PAC						
Street Address 325 Blandford Dr.			Employer/Occupation/Labor Organization* Bailiff, Fkln. Cty. Muni. Ct.				Form (Cash, Check, etc.) Check					
City Worthington		State O H		Zip Code 43085		M 0		D 4		Y 1 4 0 5		Amount 50.00
Full Name of Contributor James Ward						Registration Number, if PAC						
Street Address 9444 Big Bear Ave.			Employer/Occupation/Labor Organization* Thompson & Ward Leasing Co.				Form (Cash, Check, etc.) Check					
City Powell		State O H		Zip Code 43065		M 0		D 4		Y 1 4 0 5		Amount 50.00
Full Name of Contributor Michael Wile						Registration Number, if PAC						
Street Address 1230 W. 5th Ave.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check					
City Grandview		State O H		Zip Code 43201		M 0		D 4		Y 1 4 0 5		Amount 50.00
Full Name of Contributor James Woodland						Registration Number, if PAC						
Street Address 1170 Lincoln Rd.			Employer/Occupation/Labor Organization* WK Vending Co.				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43212		M 0		D 4		Y 1 4 0 5		Amount 500.00
Full Name of Contributor Eleanor Cochran						Registration Number, if PAC						
Street Address 1953 Sullivant Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43223		M 0		D 4		Y 1 8 0 5		Amount 50.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Harmon for Columbus City Council									
Full Name of Contributor John Byrom						Registration Number, if PAC			
Street Address 345 E. Beaumont Rd.			Employer/Occupation/Labor Organization* Environmental Consultant				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43214		M 0	D 4	Y 1	Amount 25.00	
Full Name of Contributor Bob Fry						Registration Number, if PAC			
Street Address 1014 Dublin Rd.			Employer/Occupation/Labor Organization* Fry Contracting Co.				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43230		M 0	D 4	Y 1	Amount 100.00	
Full Name of Contributor James Duvall						Registration Number, if PAC			
Street Address 6515 Plesenton Drive, S.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check		
City Worthington		State O H	Zip Code 43085		M 0	D 4	Y 1	Amount 50.00	
Full Name of Contributor Paul Dumouchelle						Registration Number, if PAC			
Street Address 8832 Nairn Ct.			Employer/Occupation/Labor Organization* Environmental Consultant				Form (Cash, Check, etc.) Check		
City Dublin		State O H	Zip Code 43017		M 0	D 4	Y 1	Amount 20.00	
Full Name of Contributor Marty & Carol Sullins						Registration Number, if PAC			
Street Address 1457 Havencrest Ct.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43220		M 0	D 4	Y 1	Amount 200.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 395.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Harmon for Columbus City Council							
To Whom Paid Franklin County Board of Elections				M	D	Y	Amount
				0	2	2 8 0 5	45.00
Address 280 East Broad Street, Room 100		Purpose Candidate Registration Filing Fee					
City Columbus	State O	H	Zip Code 43215	Check Number 661			
To Whom Paid James Mitchell				M	D	Y	Amount
				0	3	1 6 0 5	500.00
Address 9459 W. Broad St.		Purpose Campaign Services - Preparation of Petitions					
City Columbus	State O	H	Zip Code 43119	Check Number Cash			
To Whom Paid U.S. Post Office				M	D	Y	Amount
				0	3	1 8 0 5	67.00
Address P.O. Box 9714		Purpose Rent Campaign P.O. Box 163008					
City Columbus	State O	H	Zip Code 43216-9714	Check Number Credit Card			
To Whom Paid Ohio Ethics Commission				M	D	Y	Amount
				0	3	2 2 0 5	25.00
Address 8 E. Long Street, 10th Fl.		Purpose Financial Disclosure Filing Fee					
City Columbus	State O	H	Zip Code 43215	Check Number 992			
To Whom Paid U.S. Post Office				M	D	Y	Amount
				0	3	2 8 0 5	300.00
Address P.O. Box 9605		Purpose Bulk Mailing Permit License Fee					
City Columbus	State O	H	Zip Code 43218-9605	Check Number Credit Card			
To Whom Paid Lanz Printing Company, Inc.				M	D	Y	Amount
				0	4	0 1 0 5	419.53
Address 257 Cleveland Ave.		Purpose Purchase Campaign Stationery					
City Columbus	State O	H	Zip Code 43215	Check Number 2001			
To Whom Paid National City Bank				M	D	Y	Amount
				0	4	0 1 0 5	17.75
Address 6900 N. High Street		Purpose Bank Service Charge - Purchase Campaign Checks					
City Worthington	State O	H	Zip Code 43085	Check Number Debit			
To Whom Paid Columbus Square Quickprint				M	D	Y	Amount
				0	4	0 2 0 5	27.76
Address 5648 Columbus Square		Purpose Purchase Bulk Mail Indicia Stamp					
City Columbus	State O	H	Zip Code 43229	Check Number Credit Card			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Harmon for Columbus City Council									
To Whom Paid U.S. Post Office						M 0	D 4	Y 0	Amount 111.42
Address P.O. Box 9605		Purpose Postage - Mass Mailing - Correspondence							
City Columbus	State O	H H	Zip Code 43218-9605	Check Number 2002					
To Whom Paid America's Campaign Store						M 0	D 4	Y 1	Amount 800.00
Address P.O. Box 1612		Purpose Purchase Yard Signs							
City Jeffersonville	State I	N N	Zip Code 47131	Check Number Credit Card					
To Whom Paid Kinko's						M 0	D 4	Y 1	Amount 14.95
Address 940 N. High Street		Purpose Purchase Campaign Signs							
City Worthington	State O	H H	Zip Code 43085	Check Number Credit Card					
To Whom Paid Sam's Club						M 0	D 4	Y 1	Amount 141.48
Address 3950 Morse Rd.		Purpose Purchase Food for Fundraiser							
City Columbus	State O	H H	Zip Code 43219	Check Number Credit Card					
To Whom Paid Byrne's Pub						M 0	D 4	Y 1	Amount 145.00
Address 1248 W. 3rd Avenue		Purpose Fundraiser Food & Beverage							
City Columbus	State O	H H	Zip Code 43212	Check Number Cash					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State		Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State		Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State		Zip Code	Check Number					